GS1 Ireland Healthcare User Group (HUG) Information Day

FMD from an Irish hospital perspective

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FALSIFIED MEDICINES DIRECTIVE

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The hospital perspective
Irish Hospital sector – overview

- 61 hospital pharmacies in ROI
  - HSE (48)
  - Private (13)
- Directive allows decommissioning at any time within hospital pharmacy
  - At goods inwards
  - At point of dispensing
Irish hospital survey

- 46 surveys returned
- Most hospitals use CliniScript (Clanwilliam) for patient dispensing
- May also use other systems for logistics
- Private hospitals use various and multiple systems
- Most issue stock to clinical areas, often in bulk
- Approx. 50% use scanners currently
- Decommissioning at dispensing not feasible due to
  - high rate of product return and re-issue
  - high rate of use of outer packs (even pallets)
- Necessary to decommission at good inwards
Austrian impact analysis

1. Decommissioning on dispensing

![FMD – aegate--Erfahrung](image)

<table>
<thead>
<tr>
<th>Operational time MobLink (s/min)</th>
<th>Orders dispensed to Innsbruck Kliniken</th>
<th>Orders dispensed to other hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.085 / 235</td>
<td>6.139 / 102</td>
<td></td>
</tr>
<tr>
<td>Operational time Aegate (s/min)</td>
<td>20.737 / 345</td>
<td>15.793 / 263</td>
</tr>
<tr>
<td>Increase of operational time (%)</td>
<td>47</td>
<td>157</td>
</tr>
</tbody>
</table>

Benötigte Arbeitszeit im Vergleich +78%, d.h. +3,5FTE

<table>
<thead>
<tr>
<th>Normal dispensing operations</th>
<th>FMD Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Dispensing time (s/min/h)</td>
<td>20.224 / 337 / 5.62</td>
</tr>
<tr>
<td>Total of Operational time (h) in a year</td>
<td>12.298</td>
</tr>
<tr>
<td>Hours a day</td>
<td>33.7</td>
</tr>
<tr>
<td>Staff in 8 hours shift needed per 365 days</td>
<td>4.21</td>
</tr>
<tr>
<td>Staff required per working year</td>
<td>4.5</td>
</tr>
</tbody>
</table>

2. Decommissioning at goods inwards: 0.62 FTE per hospital - total additional labour cost is €1.2m year for public hospitals in Austria
Which products are exempt?

- Packs supplied by other hospitals (wholesale)
- OTCs (except blacklist)
- Products supplied directly by MAHs
- Products from outside EU
- Certain contrast products
Other barriers

- Spatial constraints – poor physical infrastructure
- Fractured ICT
- Not all medicinal products are managed by the hospital pharmacy
  - Contrast
  - Fluids
  - Theatre / interventional consumables
Additional resources?

- All outer packs need to be unpacked, scanned and re-packed
- Additional time required is 10s per pack (Austria and Germany independent impact analyses)
- At 1.2m packs per year – 64 hours per week
- Labour cost in addition to software and hardware
- In order to reduce the impact on work processes, automation (pharmacy robot) is a requirement
Technology as an enabler

- Robots can scan packs when inserted into the machine via a hopper
- 80-85% products can be handled by a robot
- Considerable investment (€300,000-€500,000)
  - Robot itself
  - ICT interfaces
- Promote medication safety
- Significant operational efficiencies

Robot in MMUH
European Association of Hospital Pharmacists (EAHP) have engaged with the European Commission from outset

Concerns of EAHP not incorporated into directive

ECORYS impact assessment calculated a once-off cost of up to €750 per hospital

Most NMVOs have hospital pharmacists who are mandated to represent their sector

Some NMVOs have hospital pharmacists as full members on reduced rate, others as affiliate members with no vote
Preferred solution for Hospital Pharmacy in Europe

- EAHP keen to find a practical, acceptable solution
- Level of ICT and automation very variable in Europe
- NMVO pharmacist members agree that it should be possible to decommission a pallet / order on receipt
- An aggregate barcode can decommission a whole consignment with a single scan
- Agreed by EAHP NMVO members that this should be a mandatory process to ensure uniformity of process
FMD in Irish hospital pharmacy
Are we ready?

- Existing software will need modification to incorporate decommissioning
- Workflow solutions required:
  - Incorporate scanning into existing workflows
  - Additional labour inputs to decommission products
  - Additional pharmacy facilities may be required
  - Potential to use robots in pharmacy
  - Potential for aggregate bar codes from suppliers.
Thank-you for listening